\* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

FORM PTO-475 (Rev. 8/01)

Independent

Peters and Trademark Office, U.S. DEPARTMENT OF CONGERCE

X42-

+140=

ADDIT. FEE

101/

**BEST AVAILABLE COPY** 

X84.

+280=

ADDIT. FEE

TOTAL

OR

OR

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or todependent) is the highest number found in the appropriate box in column 1,